# Idaho CNA Advisory Committee MEETING MINUTES

Tuesday, July 26th, 2022 8:30 a.m. – 3:00 p.m. MDT West Ada Training Center 1303 E Central Dr. Meridian, ID 83642

# **Meeting Attendees:**

Name	Title	Organization
Diana Delgado	CNA	Cascadia of Boise
	Lead Nursing Assistant	
Dotty Heberer*	instructor	North Idaho College
Elizabeth Rosenberger*	Scribe / Researcher	Interaction International, Inc.
	Senior Leader of Talent	
Jeff Greene*	Acquisition	Trinity Health
Kimber Russell	Consultant	1 Percent Consulting
		Idaho Department of Health & Welfare, Division
Laura Thompson	Chief of Bureau	of Occupational & Professional Licensing
Leslie Wilson	Registered Nurse	Mountain View Hospital
Monica Revoczi	Meeting Facilitator	Interaction International, Inc.
	Health Professions	
Nicki Chopski	Bureau Chief	Division of Occupational and Professional License
Paige Nielebeck	Management Assistant	Idaho Workforce Development Council
RaeLyn Price	Instructor	ISU
Randall Hudspeth	Executive Director	Idaho Center for Nursing
Reuben DeKastle	Director Student Services	St. Luke's
Robert Vander Merwe	Executive Director	Idaho Health Care Association
Ryan Langrill	Principal Evaluator	Idaho Office of Performance Evaluations
	Human Resources	
Shawnie Lee	Director	IHA
	Program Quality	
Stephanie Mai	Manager	Idaho Career & Technical Education
Wendi Secrist	Executive Director	Idaho Workforce Development Council
	Director of Clinical	
Zendi Meharry	Operations	Cascadia Health Care

<sup>\*</sup>Attended online via Zoom

Meeting Commenced: 8:30 am

## **Action Items:**

<u>Randall Hudspeth</u> moved to accept the minutes from the June 15<sup>th</sup>, 2022, meeting of the CNA Advisory Committee. Second by <u>Leslie Wilson</u>.

Outcome: The minutes from the June 15<sup>th</sup>, 2022 meeting were unanimously approved.

#### Welcome & Introductions

Wendi Secrist, Idaho Workforce Development Council

Wendi started the meeting by asking that everyone go around and introduce themselves. She went on to give a brief overview of the purpose of the CNA Advisory Committee. They are following up on work that Ryan did in a review to look at challenges facing Idaho's CNAs and potential solutions. Robert surveyed Skilled Nursing Facilities (SNF) and Shawnie surveyed acute care facilities. Elizabeth researched neighboring states' practices. The committee has an opportunity to lay a foundation and make improvements. This group was brought together to make recommendation to JFAC by December. This is a complicated issue that may not be solved by December.

## **Meeting Overview**

Monica Revoczi, Interaction International, Inc

Monica thanked everyone for being at the meeting in-person today and thanked Paige for putting the packets together. Monica spoke about how today is about building a common foundation of information for the committee. She then went over the agenda topics for the day. The first hour will be presentations from our subject matter experts: Randy will talk about CNAs and NAs in Idaho, Laura will discuss federal rules and the CNA registry, and Stephanie and RaeLyn will go over CNA training. During the break they will tour a CNA classroom. Next, they will hear results from neighboring states research from Elizabeth and what's working and not working. Then they will have a discussion on working toward a consensus on Idaho's scope of practice for CNAs and NAs. Last, they will identify stakeholders and associated communication and input needs. Monica then shared the ground rules of the meeting.

#### Advisory Committee Principles of Engagement

- 1) Respect all aspects of diversity in the group.
- 2) Be mindful of allowing space and authentic consideration of all stakeholder perspectives.
- 3) Be open to new ideas and approaches.
- 4) Participate actively. 5) Be forward-focused.
- 6) Stay focused on the Workgroup goal and corresponding topic at hand.
- 7) Focus on the concepts. Avoid wordsmithing.
- 8) Utilize the Parking Lot for "important topics to be addressed another time."
- 9) Everyone is on equal ground

## **Background & History: Presentations**

## <u>Historical Supply, Education and Employment Demand Data Presentation</u>

Randall Hudspeth, Idaho Center for Nursing

#### History of CNAs

- Nursing aides have been used to provide nursing care since about 1900, they were originally called Practical Nurses (PNs)
- To help with the shortage of RNs midcentury, they took a 6-week course to become licensed LPNs with a scope of practice that included tasks and skills done by RNs (except for medication administration, injections, IV and blood draws)
- There was still a need for basic tasks, so the NA role did not change. It was an "on the job" training with no formal standards
- The Federal government began to implement standards in the 1980s, so it became necessary for government agencies to maintain a roster of people who were nurse aides

#### Nurse Aide Evolution

- National standards were set, and Nurse Aide competencies were identified as important, so a national test was established resulting in the CNA
- Boards of Nursing were given responsibility to maintain the roster of who was a CNA, but no regulation supported what they could do and not do
- Idaho BON began to include in the Nurse Practice Act language that indicated the scope of "unlicensed assistive personnel"
- Regulation of CNAs is problematic for nursing regulation and not consistent between states

## Historical CNA regulatory Issues

- No requirement or funding to support maintaining an inventory
- No personal update information after the initial notice
- No fees charged to support staff to monitor them so the RN license fees supported the program
- No authority to discipline or remove from practice
- No criteria of who can employ or use CNAs and under what circumstances
- No criteria of what level of supervision and by whom

## Federal NA definition (Title 42 / Chapter IV / Sub-chapter G / Part 483)

A nurse aide is any individual providing nursing or nursing-related services to residents in a facility. This term may also include an individual who provides these services through an agency or under a contract with the facility, but is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay. Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in § 488.301 of this chapter.

#### Areas with lack of clarity

- Home care aide without a licensed nurse present
  - Issues of doing assessments
  - Assist with taking medications (routine vs. PRN)
  - Dressing changes and to what extent is allowed (sterile or not)
  - Gastronomy tube feedings
  - Answering medical questions and providing explanations to patients and family members
- Other issues
  - Access to medications and controlled substances
  - Abuse complaints
  - o Theft

#### Workforce issues

- Not a mobile workforce so local recruitment is the most common option
- Local training programs are sporadic
- High turnover rate due to hard work with difficult patients
- Salary not competitive with other sectors of unskilled workers
- No well-defined career pathway. Being a CNA does not lead to being an RN in today's market.

## Questions & Comments:

- 1. A high number of CNAs are going to CNA training to get into a nursing program. We are training a lot of CNAs, but they are not intending to work as CNAs.
- 2. The number of dropouts in nursing school was huge, so they mitigated this by having them get CNA training first so they could see what they were in for.
- 3. There is no licensure requirement to be a home care aide.
- 4. How can IDHW or the BON deal with abuse or theft? They have no legal authority to remove CNAs. The judicial system must press charges then the administrative side will act.

## **Certified Nurse Aide Registry Presentation**

Laura Thompson, Idaho Department of Health and Welfare

## History of the Registry

- The Idaho Nurse Aide Registry was started in 1990-1991 with the Omnibus Reconciliation Act of 1987. Originally the development and maintenance of the registry was contracted by Bureau Facility Standards (BFS) to the Idaho Board of Nursing (IBON).
- Prior to 1990, there were CNA classes but no statewide test or registry. Those courses did not meet the curriculum requirements outlined in OBRA.

• The IBON operated the registry until 2001. When the contract ended DHW took back this function. It started out in 'Contracts,' and eventually moved, piece by piece, to BFS and the LTC program.

Federal Regulations followed for the Nurse Aide Registry

- OBRA of '87
- Social Security Act §1819 [42 U.S.C. 1395i-3] Requirements for, and Assuring Quality of Care in, Skilled Nursing Facilities
- Social Security Act §1919 [42 U.S.C. 1396r] Requirements for Nursing Facilities
- CFR 42, Part 482 to End, the pertinent sections are §483.150 through §483.158
- Lastly, the 1864 Agreement between CMS and the State Agency

#### Licensing of Nurse Aides

- There is no licensing of CNAs in Idaho.
- Around 2005, the IBON sponsored legislation to license CNAs. The bill was killed in committee, as many health care providers opposed it.
- Therefore, there is no authority for disciplinary action to a CNA except what is in OBRA, which refers only to abuse/neglect/misappropriation occurring in a SNF.
- The registry has no authority to impose any disciplinary action on a CNA, or mark
  the registry in any way, for abuse/neglect/misappropriation occurring in a hospital,
  home health, assisted living, private care, or any other setting that is not a certified
  SNF.

Nurse Aide Training and Competency: §483.152 Requirements for approval of a nurse aide training and competency evaluation program, include but are not limited to the following:

- Include at least the subjects specified in paragraph (b) of this section;
- Consist of no less than 75 clock hours of training;
- Include at least 16 hours of supervised practical training, meaning in a lab or other setting for students to demonstrate their knowledge;
- Ensure that
  - Students do not perform any services for which they have not been trained and been found proficient
  - Students provide services to residents under supervision of a licensed or registered nurse
- Paragraph (b) includes the following requirements for the curriculum:
  - 16 hours of training prior to any direct contact with a resident
  - Basic nursing skills
  - Personal care skills
  - Mental health and social service needs
  - Care of cognitively impaired residents
  - Basic restorative services
  - Residents' rights

## State Survey Agency Role

- Approve CNA training programs, approve CNA testing statewide and operate the state's nurse aide registry,
- The Nurse Aide Registry is comprised of individuals who have taken an approved NATCEP course and successfully passed the written and clinical skills test.
- Follow all federal regulations per our contract with CMS, the 1864 Agreement.
- They track individuals by using social security numbers
- If there is a negative finding it is put on the registry forever
- Prometric and the schools oversee the testing

#### Questions & Comments:

- 1. Certification expires every 2 years. To renew they must show proof that they have worked 8 hours in the past 24 months.
- 2. How is disciplinary information shared? The criminal history unit is informed. They also notify the former and current employer (if known).
- 3. How many CNAs are on the registry? 20,000 25,000 but that includes reciprocity requests (90% of which never come to Idaho).
- 4. Is there a national database? Yes, but they are still working on fine tuning it.
- 5. Should there be other categories of bad actions? It would be better for patients, but statute or rule would be needed to add other categories. There are so many calls about behavior that doesn't fall under the limited authority (only covers staff and residents in nursing homes).
- 6. Will a felony charge show up? It will show up if there is a criminal background check.

#### **Idaho Nursing Assistant Curriculum Overview Presentation**

Stephanie Mai, Idaho Career Technical Education & Raelyn Price, Idaho State University

Current oversight: Idaho Department of Health and Welfare Bureau of Facility Standards OBRA '87 (42 CFR §483.150 through §483.158) requires that

- Statewide CNA training curriculum must meet the content requirements as specifically outlined
- State must review and approve or disapprove nurse aide training programs
- State must develop and implement both a skills test and written test
- State must maintain a Nurse Aide Registry
- Nursing homes that receive Medicare/Medicaid funding must employ nurse aides that have successfully completed state-approved CNA training and testing

Idaho Division of Career Technical Education (IDCTE)

- Certification of CTE teachers
- Approval of CTE programs
- Technical assistance and program quality oversight
- IDCTE funding for secondary and postsecondary CTE programs

#### **Training Program Standards**

- Testing competency evaluation programs shall be administered through one of the six Idaho regional career-technical colleges/universities, or an NA Registry contractor approved by IDHW
- Nursing assistant training in high schools will be approved by the IDCTE Health Professions Program Quality Manager
- Training programs must be administered through an Idaho career-technical college/university, a participating high school, or an approved long-term care facility
- The sponsoring college/university/high school/ facility must designate a qualified RN to oversee the training program
- Clinical facilities used for clinical training must be approved by IDHW. Survey results
  determine facility participation. Centers for Medicare Services (CMS) may grant waivers
  to the regulatory requirement

#### Faculty Qualifications (OBRA, Title 42 § 483.150-423.15)

- Primary instructors must
  - Meet minimal requirements for CTE occupational specialist certificate in Idaho, although postsecondary instructors are not required to obtain the certificate unless the position is funded by IDCTE.
  - o Be a Registered Nurse (RN) with an unencumbered, current Idaho license.
  - o Have evidence of 2 years' experience working as an RN
  - Have evidence of 1 year experience caring for the elderly in a nursing home or hospital as an RN
  - Have evidence of completion of a course in methods of instruction or a train-the-trainer type program, or have documentation of experience teaching adults.
- For facility-based programs the training of nurse aides may be performed under the general supervision of the Director of Nursing
- Registered Nurses (RN), Licensed Practical Nurses (LPN), who have a minimum of one year of experience in caring for the elderly or chronically ill of any age, may assist with training under the supervision of an approved primary instructor. Other licensed health professionals may assist in specialized training
- All primary instructors must be approved by IDHW

#### **Basic Curriculum Requirements**

- All programs must use State approved curriculum
- The minimum total completion time for NA training is 120 hours
  - Minimum of 80 hours for classroom and lab work
    - Minimum of 40 hours of this is required for lab/skills training
  - Minimum of 32 hours is required in a clinical facility
    - Minimum of 16 hours must be completed at a nursing home
    - Remaining 16 hours may be completed in a nursing home, or hospital setting

- The additional 8 hours may be classroom, lab, or clinical setting, such as home health or hospice (assisted living may not be used for clinical training)
- At least 16 hours of classroom instruction must be provided before direct care.
   Competence before direct care is required
- Learners must be supervised by a licensed nurse

#### **CNA Testing**

- Manual Skills Test
  - Provided by six career-technical colleges/universities
  - Must use approved procedures and testing scenarios
  - Raters are employed by colleges and must meet Primary Instructor requirements and attend annual training
- Written Test
  - Required to be placed on the Idaho CNA registry
  - o IDHW approved vendor: Prometric

#### Idaho CTE NA Training Programs

- Post-secondary training programs All offer face-to-face AND hybrid options
  - o CEI
  - o ISU
  - o CSI
  - o CWI
  - o LCSC
  - o NIC
- High School training programs
  - o 36 in-school, face-to-face programs statewide
  - o 24 hybrid, IDLA programs offered in rural districts

#### **Questions & Comments:**

- 1. It can be hard to find an instructor with the required qualifications. It was helpful when Idaho added hospital experience (as an alternative to nursing home experience) and now ¾ of teachers come from the hospital setting.
- 2. We passed out the curriculum guide. If you look at guide you will see the same information. Used to have the board of nursing on there anymore. 2021 version of the curriculum packet.
- 3. What does a training lab look like? It costs \$80,000 to start up a training lab. IDCTE offers technical assistance to teachers and some funding with equipment. There could be a school running a CNA program that we don't know about.
- 4. Why require 120 curriculum hours? This is just three 40-hour work weeks. They need that much time to cover everything.
- 5. Can any of the 32 hours be on simulators? Yes, during covid there were some waivers but normally no, they must be in-person.

<sup>\*</sup>The training modules are contained in the presentation slides for reference but were not discussed.

- 6. Requirements to take class? Students must be 16 years old to take the training (can start at 15 as long as 16 by clinicals). They don't need a high school diploma but must be able to read/write in English. They have ESL programs to help them get going with English. CWI and CSI have started multi-cultural CNA classes, but they cannot give a test in Spanish because they need to be able to read care plans. This is a good pathway into the acute space for people who have worked in other countries but cannot transfer their license.
- 7. In Idaho, we provide variety in the way we teach classes. Hybrid. In-person. Boot camp at ISU campus (1 month long, online and in-person 6 hours twice a week). Most programs run 8-12 weeks. At ISU, our nontraditional program is 18 weeks long (shorter classes over a longer period). We found these students are not just ESL but also people who need it offered over a long period of time.
- 8. Request for the committee: Go through curriculum to see if there is anything you would not want a CNA to know / not relevant. Is there is anything missing from the acute care perspective?

# Other States' CNA Programs: Governance, Training & What's Working

Elizabeth Rosenberger, Interaction International, Inc

One of the questions posed by the Idaho Certified Nurse Assistant Advisory Committee was "How do other states train and govern certified nursing assistants?". They decided on 9 neighboring states with rural populations to research: Alaska, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming. For comparison, 11 skilled nursing facilities in Idaho were surveyed about their CNA programs.

Data was gathered from the following sources

- Debbie Ransom's CNA spreadsheet (created in 2019)
- US Bureau of Labor Statistics website (mean wages)
- PHI website (required curriculum hours)
- State Administrative Code (instructor requirements)
- Department of Health websites (training program locations)
- Department of Health and/or Board of Nursing staff
- Employers in each state (acute care or assisted living)
- 11 Idaho skilled nursing facilities were surveyed for comparison

#### Summary of Results:

#### Governance:

- Majority of the states researched certify their CNAs
- Department of Health was the dominant agency to certify CNAs, followed closely by Board of Nursing.
- Registry management was equally split between Department of Health and Board of Nursing among the states
- 100% of states allow reciprocity between states for CNAs
- All but one of the states have a state statute defining CNA governance

## Training:

- Curriculum hours required to become a CNA ranged from the federal minimum of 75 hours to 155 hours. Idaho requires the third most hours (120 hours).
- The number of training locations in each state varied from 20 160 compared to just 6 in Idaho
- All states offered training programs in a variety of locations such as high schools, community colleges, medical centers, assisted living facilities, nursing homes, care centers, etc.
- Test administration is contracted out to various private companies (Headmaster LLP, Credentia, Prometric, Pearson Vue)
- Instructor requirements generally require a current RN license with at least one year of long-term care services and experience teaching adults.

#### Current CNAs:

- Mean pay rate of CNAs ranged from \$14 \$20 per hour. Idaho had the 3<sup>rd</sup> lowest mean wage compared to the states researched.
- All CNAs were regulated in the states researched
- Retention rates are generally not high in the states researched. Reasons given were low
  pay for the difficulty of work, easier jobs elsewhere that pay the same (fast food), covid
  restrictions.

## What's working: Common themes among the states

- Facility-based training
- Facilities paying for uniforms, training, testing, etc.
- Recruitment bonuses
- Career path opportunities for CNAs (bridge to LPN)
- Dedication of faculty and interest for new programs
- Numerous training locations throughout the state in a mixture of settings: universities, technical colleges, care centers, high schools, hospitals, and long-term care facilities.
- Online training or "hybrid delivery" options
- Unique examples of what's working:
  - North Dakota is a "test out" state so nurse aides can challenge the test and not be required to take the 75-hour training course
  - Alaska received a state contract to provide funds to facilities to allow them to pay a \$1000 retention or recruitment bonus to CNAs who worked through the pandemic.

#### What's not working: Common themes among the states

- Employers are generally not happy with the quality and quantity of CNAs (some exceptions)
- Pay is not high enough for the work required. This leads to retention problems because for the pay rate, people would rather work in fast food than be a CNA.

- The CMS survey penalty that requires nursing homes to stop training CNAs for 2 years, it makes staffing shortages worse which is often an underlying factor in the surveys.
- Challenging process and paperwork necessary to apply to be an CNA, especially for non-English speakers. Applying for the test is cumbersome, it needs to be notarized and costs money which can be prohibitive.
- Covid vaccine requirement and masking requirement
- Not enough CNAs applying to the programs

## **Skilled Nursing Facilities Survey:**

Robert Vande Merwe sent out a survey to skilled-nursing facilities in Idaho. There were 11 responses. Elizabeth went over the results.

#### What's working:

- Tuition reimbursement
- Facility culture
- Having clinicals at their facility and getting to know the CNAs
- Sign-on bonuses

#### What's not working:

- Not paid enough for the difficulty of the work
- High turnover rate, leaving for easier jobs that pay the same
- Covid restrictions
- Not enough applicants, low CNA graduation rate
- Not enough approved programs, cannot train within a facility
- Certification is expensive and time consuming
- CNAs need a career path beyond being a CNA

## **Hospital Survey:**

A survey about NA and CNA employment was sent out by IHA to over 40 Idaho hospitals, there were 22 responses. Elizabeth shared the data gathered.

#### Main takeaways:

- All but one hospital surveyed employs NA or CNAs
- Percent of inpatient / outpatient clinical staff that were NAs/CNAs ranged from 10% to 48%
- Percent of NAs employed ranged from 0% to 20%
- Unfilled CNA positions ranged from 0% to 37% of all CNA positions

#### Comments & Questions:

- 1. For the state comparisons, can you separate the employer responses by category (acute vs. SNF)? Some but not all since the responses that were given by survey kept the respondent anonymous.
- 2. Oregon has 2 levels of certification (CNA I & CNA II). Washington state certified and licenses.
- 3. Montana, North Dakota, and Iowa (and a 4<sup>th</sup> state they can't remember) are all challenge states. They are not given automatic reciprocity in Idaho, they have to show they have completed training.
- 4. For reciprocity, do the states with higher curriculum hours accept CNAs from states that require the minimum?
- 5. SNFs are paying up to \$4 more per hour than hospitals.
- 6. Would be nice to graph payrate against retention rate for the SNF data.
- 7. The hospital data from respondent #1 & #10 looks inaccurate (and maybe duplicates of each other). It also looks like a respondent #20 didn't understand the questions. Will try to get better numbers.
- 8. Pay rate is challenging. Idaho has 3 different regions that pay very differently (N. Idaho, East Idaho and SE Idaho).

## Discuss and Work Toward Consensus on Idaho's Scope of Practice for NAs/CNAs

Should Idaho continue to have both NA and CNA designations, or should they be the same? What are pros and cons of each option? Answer: Yes, keep both designations. But do we need some kind of registry for NAs?

## CNA designation discussion:

- There is a difference between NA and CNA. A lot of hospitals have their own programs want students to train and test and get on the registry. Programs aren't approved.
- Before this meeting I would have said yes to CNAs across the board, but I wasn't thinking of rural areas and their unique challenges.
- CNA I & CNA II designations are options that should also be explored. Typically, CNA I works in long-term care and CNA II works in acute care settings with more specialized knowledge. These pathways can lead to apprenticeship with increase in wage along the way.
- An NA can work 4 months in nursing facility before getting certified
- In the homecare world, the level of oversight is very different than for CNAs. There might be more NAs in this area.
- If you have a registry, the only way to enforce is to hire people on the registry. Maybe we should stay away from NAs for a while and figure out CNAs first. Counter response: Now is the time to decide what that should look like for our state. Something needs to be set up because there are no rules or regulations.
- Many settings use NAs and CNAs, should all facilities be licensed? Is this even feasible? Think about home settings. How about enforced employer reporting? Or a rating system for NAs?

• What are we trying to do? Define roles. Or just what a CNA is? Need to be able to discipline them. Every facility will define minimum skills. If we determine the 3 roles, do we need to have 3 pay scales? We need to make this as simple as possible.

What should be the standard scope of skills for Nursing Assistants (NAs)/caregivers?

Nursing Assistants (NAs) / Caregivers	CNAs
Definition: no training, anyone can do the work. Apprenticeship program. Could be in CNA	All the items on the NA list.
training.	
ADL (Activities of Daily Living) – eating, laundry,	Educated and demonstrated competency. And used the Idaho Nursing assistant curriculum.  Overseen by CTE and Health and Welfare and Board of Nursing.
IADL (Independent Activities of Daily Living)	Passed an exam and are certified. Nurse apprentices fall into this category as well
Charting / documenting	
See P 37 of the curriculum guide	
Sitter / companion	
Transportation	
Anything the nurse delegates	

## **Employers of NAs**

- Skilled nursing facilities
- Acute care
- Assisted living
- Group homes
- Schools
- Home health
- Hospice

Nicki Chopski spoke about how in legislation, Scope of Practice is defined by <u>education</u>, <u>training</u>, and <u>experience</u>. Legislature doesn't want lists anymore because they are difficult to keep updated. The committee should steer away from a list and let external market force factors work. Laws can't keep up with changing markets and technology. She suggested using education, training, and experience to define roles. The committee can still refer to federal laws and curriculum.

## Registry discussion

- Can we include other employers in the registry?
- Question: Is there a fee to get on registry? No. Federal law does not allow DHW to charge fees. Statute would have to change. Has to be something besides federal rule.

- RNs pay \$90 to get licensed. CNAs don't pay anything to get certified. Maybe charge \$50? Can't discipline someone who doesn't hold a license.
- CFR won't allow the state to charge for registry. If they work in a nursing home, they can't charge them. Charge everyone but nursing homes?
- Certification and licensing are very different in Idaho. There are no statutes or rules so all they
  have to do is pass the NATCEP course and they are on the registry as a CNA not a NA and are
  following federal regulations. They are not licensed and there is no fee to renew. They just have
  to show proof that they have worked 8 hours in the past 24 months. Licensing requires more
  oversight and fees.
- How do other states fund the management of their registries? (Elizabeth can follow-up)

# **Training discussion:**

- We should include Idaho Board of Nursing in reviewing curriculum. Idaho Nursing Assistant Curriculum should be approved by three agencies: CTE, IDHW & BON
- We need a hybrid program. Are there more curriculum opportunities? We need to go through more than 6 Idaho schools.
- NATCEP program must be approved by the state agency IDHW & U.S. Board of Education. IDHW relies on the schools and teachers to dictate the curriculum because they are not educators.
- Academic Platforms curriculum can be used. Has been approved to use. Meets the 120 hours.
- <u>Task for CNA advisory committee</u>: Look at the curriculum shared and tell us, what would you not want taught?
- Ability to connect students with facilities is so important to recruitment. Maybe have online class and do practicums in facilities?
- Recruitment is facility dependent and based on how they are treated by the staff. Poor treatment makes them not want to go back.
- 60% of people that come through do not intend to work in long-term care.
- It would be ideal be to choose to do a class onsite or online and do in-house clinicals. The Health Department has to approve the location however and it has been difficult to approve locations historically. There is a larger cost to oversee more training locations. They need more resources but are open to partner with facilities to do training and clinicals on site.
- Do facilities have the staff / funding to train CNAs without the technical schools? Answer: No, we need a partnership.
- Are we also tasked with figuring out how to increase numbers of CNAs? We need to continue to
  talk about education. Can we increase the number of programs affiliated with the colleges? Why
  did they move training exclusively to the technical colleges? Was it to improve the quality of
  education / care? Or was it a decision at the board of education to drive programs into state
  funded technical schools? There are a couple of facilities with programs that have been
  maintained through the years.
- Perhaps the first small step should be to create a statute that recognizes the training and registry (with fees added if possible?)
- There is no board of CNAs. Boards can set the testing rules. EMS has adapted the national exam. Should we use a nationally used program?

#### Other discussion:

- Basic concept of regulations keep to lowest common denominator. License is a property right.
   Cannot be removed easily. Whole regulatory process to remove. Licensing is a whole different framework. Costly, fees.
- Medication Assistant, Certified (MAC) is approved by BON national exam (60–80-hour course).
   Exam is not offered in Idaho yet, you have to take it in Utah. We will get flooded with applications and need to figure out testing offered in Idaho. In contrast, assistance to give medicine designation is not approved by the BON (8-hour course).
- Delegation model questions. Refer to this model when writing statement. Doctor delegates to LPN, then delegates to CNA. Who is responsible? Professional delegation vs. employment delegation.

#### Summary of Discussion:

- Idaho CNA advisory committee will not define a scope of practice for CNAs. They will have a statement of knowledge, skills, and abilities, instead. They will look at examples of LPNs to model after and be "Purposely vague."
- 2. Idaho Nursing Assistant Curriculum should be approved by three agencies: CTE, IDHW & BON
- 3. The registry needs to cover <u>all</u> CNAs and NAs. They need to be able to subject them to discipline and give the same powers to share adverse findings of CNAs everywhere as they have in Nursing homes. Should they investigate adding a registry fee to help manage the registry?

Wendi wrapped up the discussion by reminding them of the overall goal of the committee. The question to ask is, do we stay where we are and document what we have? Or do we recommend a new framework? She spoke about how the recommendation is due by December and that it is okay to say in the recommendation that this is where we are headed but we need more time to get to specifics.

#### Identify Stakeholders and Associated Communication and Input Needs

List of Stakeholders (anyone who impacts our success or is impacted by our work):

- Tech schools / colleges
- State Board of Education
- Government agencies: IDHW, DOPL, CMS, Medicaid
- CNAs
- Employers
- Legislature
- Governor's office
- Facilities
- Owners / management
- Family members / loved ones
- Patients
- HR departments

- Nurses
- Advocacy groups (patient rights, patient care)
- Associations- Idaho council on Aging, IHCA
- Tribes
- \*Underlined stakeholders would benefit most from receiving talking points first.
- \*\*Italicized stakeholders could help legislation be successful.

#### Talking points to share:

- Let groups know we are meeting, here are our group goals and background.
- Clarify that they are codifying / streamlining / formalizing something that we are already doing

Wendi will put the draft together and share it with the committee review. They will prioritize sending it technical schools and training programs first.

#### Wrap Up

#### Monica Revoczi & Wendi Secrist

Monica summarized what was covered in the meeting today. They started out with background information on CNAs from Randy, Laura, Stephanie & RaeLyn. They had a tour of a CNA training classroom. Other states CNA programs were shared. The committee then started a valuable discussion about the scope of skills of NAs/ CNAs and what is needed to support the outcomes desired. They landed on language that Wendi will take to put into a draft to be shared with stakeholders.

#### Takeaways & Insights

- It's complicated
- If it were easy, we wouldn't be here
- Not one single thing will please all stakeholders
- Finding a consensus is difficult
- Passion for solutions
- Nice resources shared to give us a strong foundation
- Good to share our knowledge
- When you move one piece, other pieces will have to move too
- We have a great group of members on the committee
- Nice to have perspective and history

#### Next steps

- 1. Wendi will work on a draft of the talking points to send to stakeholders
- 2. Elizabeth will follow-up with states about their CNA registries
- 3. Committee members will look at the curriculum packet and give feedback on topics covered
- 4. Shawnie will request corrected hospital information on CNAs

## Next meeting dates

Plan to hold monthly meetings from 10am-1130am on the 4<sup>th</sup> Tuesday of the month. Paige will send out meeting event invitations individually, so please make sure to RSVP, so they know if there is a date that doesn't work well for a lot of people.

- August 23 (online)
- September 27<sup>th</sup> (online)
- October 25<sup>th</sup> (in-person, 8:30 am-3:00 pm)
- November 29<sup>th</sup> (online)
- December 27<sup>th</sup> (online)

# Closing remarks and adjourn:

Wendi thanked everyone for coming and adjourned the meeting.

Meeting adjourned: 3:00pm